

**PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION**  
(Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURIES)

RECEIVED  
APR 19 2011  
PIERCE COUNTY  
ROAD OPERATIONS

Department Public Works - Road Ops Your Department's Risk Management BARS Code: 150.200.6200.5427046.0030

**Employee Completing Report**  
Employee Name TONY FRIGERIO  
Division, Section, Etc. PUBLIC WORKS  
Work Address 4812 196TH ST E Work Phone 798-6000

**Person Injured/Involved in the Accident or Incident**  
Name TONY FRIGERIO Age \_\_\_\_\_  
Home Address 4812 196TH ST E. Home Phone 798-6000  
Occupation HFO  
Employed By: PIERCE CO. ROADS Work Phone 798-6000  
What was the involved person doing at the time of accident or incident?

**Date, Time and Place**  
Date 4/18/11 Time 10:00 A.M. ☒ P.M. ☐  
Location 32311 8TH AVE S.

**The Injury**  
Nature and extent of injury N/A  
Where was injured taken after accident? \_\_\_\_\_ Name of Doctor \_\_\_\_\_  
Why was injured on premises?

**Property Damage or Theft of Property**  
Owner's Name Quest Home Phone \_\_\_\_\_  
Address 32311 8TH AVE S.  
List damage: Phone Lines (UNDER GROUND)  
Police Case #:

**Description of Accident, Incident or Unsafe Condition**  
(Attach additional sheets if necessary.) DITCHING WITH BACK HOE. Dug up PHONE LINES IN DITCH. LINES WERE 4" TO 6" DEEP.  
Locates Required? YES ☐ NO ☒ Locate #:

**Describe 1st Aid:** PARKS - Did person resume skating? YES ☐ NO ☐

**Witnesses**  
Name ROGER LUNDEEN Address \_\_\_\_\_ Wk Phone 798-6000 Hm Phone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Wk Phone \_\_\_\_\_ Hm Phone \_\_\_\_\_  
Date, location and badge # or name of police authority to whom incident was reported:

Date 4/18/11 Signature of Employee Tony Frigerio Signature of Department or Agency Head [Signature]

Return completed form to:  
PIERCE COUNTY RISK MANAGEMENT  
955 Tacoma Avenue South, Suite 303  
Tacoma, WA 98402







2011/04/18

